



*Handwritten signature/initials*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appln No.: 10/726,150 )  
)  
Filed: December 2, 2003 )  
)  
Applicant(s): LUDWIG et al. )  
)  
Title: Encapsulation Of Various )  
Components To Effect Sequential )  
Changes In Food Product )  
)  
Art Unit: 1761 )  
)  
Examiner: Pratt, Helen F. )  
)  
\_\_\_\_\_  
)  
Attorney Docket: 77087 )  
)  
)  
Customer No.: 22242 )

**Confirmation No. 2802**

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

5/10/2006

Date

Mark A. Boros

Registration No. 50,479

Attorney for Applicant(s)

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- ☐ An Appendix including amended drawing figures labeled as "Annotated Marked-up Drawings" is enclosed.
- ☒ A Petition for Extension of Time for reply within the one month is attached.
- ☒ No additional fee is required.

Fee Calculation For Claims As Amended

	As Amended		Previously Paid For		Present Extra	Rate	Additional Fee
Independent Claims	4	-	4	** =	0	x \$ 200.00	= \$ 0.00
Total Claims	23	-	23	* =	0	x \$ 50.00	= \$ 0.00
Fee for Multiple Dependent Claims						\$ 360.00	
** At least 3						Total Additional Fee	\$ 0.00
* At least 20							

Application No. 10/726,150  
Amendment dated  
Reply to Office Action of January 10, 2006

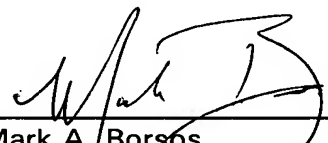
☐ Applicant(s) assert entitlement to Small Entity Status  
(37 C.F.R. § 1.27), thus reducing the fee by half to: \$ 0.00

☐ A check in the amount of \$\_\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1135.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

5/10/2006  
Date

  
\_\_\_\_\_  
Mark A. Borsos  
Registration No. 50,479

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